



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Beechfield Manor Nursing Home
Name of provider:	Beechfield Manor Nursing Home Limited
Address of centre:	Shanganagh Road, Shankill, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 August 2024
Centre ID:	OSV-0000013
Fieldwork ID:	MON-0043867

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Beechfield Manor Nursing Home is a purpose built nursing home located in Shanganagh Road, Shankill Co. Dublin. It is registered to provide accommodation for 69 residents in 67 single and one double bedrooms. Each room is fully decorated and furnished. Residents are encouraged to bring personal belongings and small items of furniture where appropriate. The majority of the rooms have en suite facilities. Professional nursing care is provided to residents 24 hours a day by our dedicated team of qualified registered nurses, headed by our Director of Nursing and supported by Assistant Director of Nursing, two Clinical Nurse Managers, qualified staff nurses and experienced carers, with additional input from catering, housekeeping and laundry staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	60
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 21 August 2024	08:35hrs to 16:50hrs	Lisa Walsh	Lead

## What residents told us and what inspectors observed

Overall, the feedback from residents was that they were happy living in the centre, with one resident saying it was "marvellous here". The inspector greeted and chatted to a number of residents in the centre to gain an insight into their experiences of living in Beechfield Manor Nursing Home and spoke in more detail with 10 residents. The inspector also spent time in the communal rooms observing resident and staff engagement. Residents spoken with were highly complementary of staff in the centre. They described the staff as "great", "exceptional" and "friendly". From the inspectors observations, the care provided was person-centred. Staff and management were aware of residents' needs, and the inspector observed kind and respectful interactions with residents and their visitors throughout the day of inspection.

On arrival, the inspector was guided on a tour of the ground floor premises with the clinical nurse manager on duty. When the person in charge arrived at the centre, following an opening meeting, they accompanied the inspector on a tour of the lower ground and first floors of the centre.

The centre is set out over three floors and is accessed through the ground floor, it also includes the lower ground and first floor. Floors have unrestricted access via a lift, and they can also be accessed via a stairs. Access to the stairs requires a code, to gain access to the stairs, residents require staff support. The centre is comprised of a Georgian style house with a purpose built extension with resident accommodation on each floor. On the first floor, there was a split level with four bedrooms for residents who were more independent. Works had been completed on the stairs leading to the four bedrooms on the split level. The number of steps had been reduced and the height of the banister was raised to ensure residents have safer, easier access to the main part of the first floor.

On entering the centre there was a large drawing room next to the reception with some residents bedrooms across the hall. The ground floor also had a small seated area at the end of the corridor for residents who wanted a quieter space to sit. Each floor had a sitting room for residents, which had a television and seating placed around the wall. There was a large dining room located on the lower ground floor, which was for all residents in the centre. This was also used for larger group activities.

Outdoors space comprised of some patios areas. On the lower ground floor, residents could access a small patio area which was also where the smoking shelter was located. This had a bench for residents to sit and a call bell if residents required assistance. However, there was no accessible fire blanket if required in an emergency. On the ground floor, there was a larger patio area which was more open and had some potted plants. A resident was seen to enjoy this space while reading a newspaper.

The bedroom accommodation consisted of 67 single rooms and one twin room. However, the twin bedroom was currently being operated as a single bedroom to meet the needs of a resident, this was also detailed in the providers statement of purpose. Of these bedrooms, 41 had en-suite facilities, including a toilet, and wash-hand basin, 20 had en-suite facilities, including a shower, toilet, and wash-hand basin and seven had shared bathroom facilities. Bedrooms had a television, call bell, wardrobe and seating facilities. However, several bedrooms did not have lockable storage facilities. The registered provider had recently completed an audit to identify which bedrooms did not have lockable storage facilities, records reviewed showed that these had been ordered.

There was a relaxed atmosphere in the centre, and staff were seen to respond to residents requests with respect. On the ground floor in the morning, residents were having tea and biscuits while watching the rosary on television, a resident was also having their nails painted by staff. On the first floor in the morning, residents were watching Mass on television and having tea and biscuits also. In the afternoon, there was a pottery class on the lower ground floor in the dining room which was attended by eleven residents, which were from different floors. Residents were observed to really enjoy this activity and had created impressive pieces of pottery which they happily displayed to the inspector. On the ground and first floor in the afternoon, residents were watching television. While there was an activities schedule available, there were no activities taking place on the first floor on the day of inspection and limited activities available on the ground floor. The inspector observed that there were lengthy periods of time where some residents were observed seated in the sitting rooms or on the corridor outside the sitting room watching television, without other meaningful activities. There was also mixed feedback about the activities available from residents. Some residents said they liked the activities, with one resident who was very pleased to be able to access streaming sites to watch television in their bedroom. However, some residents said there was not much to do.

Lunchtime at 12.30pm was observed to be a sociable and relaxed experience, with residents eating in the dining room on the lower ground floor or their bedrooms, aligned with their preferences. Some residents were also observed to eat in the sitting room on the first floor. There were two meal sittings to allow for staff to assist all residents who needed support. Meals were freshly prepared onsite in the centre's kitchen adjacent to the dining room. The menu was displayed in the dining room, with a choice of meals offered. Residents spoken with were complimentary of the food, in particular, the lamb that was being served for lunch on the day of inspection.

Residents were observed to be receiving visitors with no restrictions throughout the day. The inspector also observed some visitors taking part in the pottery activity with residents. Visitors spoken with reflected what residents were saying about staff providing good care. Other visitors spoken with said that management was very responsive, if they made a complaint it was responded to quickly.

While the centre was generally clean and in good repair, some areas were experiencing wear and tear and required maintenance to ensure residents could

enjoy a pleasant living environment. Staff practices in managing storage and cleaning equipment also required review, as outlined below in the report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Overall, the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. A clear management structure was in place and the registered provider had systems to support the provision of a good standard of evidence-based care. However, further oversight of fire precautions, residents rights, premises and infection control were required. This will be discussed later in the report.

This inspection was unannounced to assess compliance with regulations and was carried out over one day by one inspector. The inspector found that some of the actions identified from the previous inspections' compliance plan had not been addressed. For example, stained flooring had not been replaced. There was also a communal toilet on the lower ground floor that had a leak and ventilation issues, this had been repaired by the provider. However, on the day of inspection the ventilation issues remained as did the leak and stained walls.

Beechfield Manor Nursing Home is operated by Beechfield Manor Nursing Home Limited, the registered provider. The person in charge facilitated this inspection and had commenced their role in January 2024. They demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. They reported to the group quality and clinical practice lead, who then reported to the group director of operations. The clinical management team consisted of a person in charge, an assistant director of Nursing (ADON) and two clinical nurse managers (CNM). Other staff members that reported to the person in charge included a team of nurses and healthcare staff, activity staff, chefs, a catering and domestic team, administration, and maintenance staff.

There was management systems in place to monitor the centre's quality and safety with clear lines of accountability and responsibility. The person in charge sent a weekly report to the registered provider, with updates on admission, audits, notifications, care plans, falls, accidents/incidents and risk management. Quarterly clinical governance meetings were taking place with the registered provider, senior management team at group level and the person in charge to ensure oversight. Monthly operations meetings also took place with senior management at group level, the person in charge and the heads of department from all areas in the centre. Meetings are also held with healthcare assistants and nurses every 6 months

to cover aspects of clinical and non-clinical operations. The registered provider also had a number of committees, which focused on areas of restrictive practice, infection prevention control and health and safety which met regularly.

The registered provider had a monthly audit schedule covering areas such as care plans, medication management, infection control, falls management, restrictive practices, wound care and antimicrobial stewardship. A new monthly call bell audit had been introduced, which was very comprehensive. It ensured that the provider had oversight of both day and night time responses to be able to trend and implement actions as required. The provider also had systems to oversee accidents and incidents within the centre. It was evident that incidents, such as falls, had been thoroughly analysed on an individual resident basis weekly, with a full audit review completed monthly and assurances that the resident's had received care as required. Notwithstanding the good systems in place, the oversight systems for fire precautions and activity provision required review. This is detailed under the relevant regulation.

#### Regulation 14: Persons in charge

The person in charge was new to the centre and worked full-time. They had the relevant experience and qualifications to undertake this role. They were knowledgeable of their remit and responsibilities.

Judgment: Compliant

#### Regulation 21: Records

A sample of staff files reviewed by inspectors were found to be very well maintained. These files contained all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was also seen in the nursing staff records viewed.

Judgment: Compliant

#### Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.



Judgment: Compliant

### Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, action was required in the following areas:

- The oversight of fire systems in place, which could pose a risk to residents in an emergency situation. Daily checks were completed of emergency escape routes and no issues were reported. However, the inspector observed two emergency exit paths that were obstructed with overgrown weeds. A number of doors were identified as not fully closing when the fire alarm system activated in March 2024. On the day of inspection, these doors were still not closing when the fire alarm system was activated. In addition, there were some concerns in relation to fire drill records and systems. These are discussed further under Regulation 28: Fire Precautions.
- A review of the schedule of activities was required to ensure that all residents across the centre had opportunities to participate.
- The inspector found that some of the actions identified from the previous inspections' compliance plan had not been addressed.

Judgment: Substantially compliant

### Regulation 30: Volunteers

There were no persons involved on a voluntary basis with the designated centre on the day of inspection. There is a plan to have volunteers in the centre in the future. The person in charge understood the regulatory requirements if volunteers commenced attending the designated centre.

Judgment: Compliant

### Quality and safety

Overall, this was a good service that delivered good quality care to residents and resident appeared well supported. While the inspector observed kind and compassionate staff treating the residents with dignity and respect, as described above, some of the management systems in place to ensure the service was safe

and appropriate required review. Improvements were required in relation to fire precautions, residents rights, premises and infection control.

The health of residents was promoted through ongoing medical review and access to a range of community healthcare providers such as dietitians, tissue viability nursing, occupational therapy, speech and language therapy, psychiatry of old age and palliative care services. In-house physiotherapy was also available to residents. The inspector was told that residents were also facilitated access to the national screening programme services as required.

There were systems in place to promote residents autonomy over access to their personal property and possessions. Residents had adequate space to store and maintain their personal possessions. The registered provider had recognised some residents did not have lockable storage in their room following an audit and new lockable storage had been ordered for rooms that required it. Residents' clothes and linens were laundered daily and returned to the correct resident and were not misplaced.

In general, residents' choices and preferences were seen to be respected. The inspector saw that staff engaged with residents in a respectful and dignified way. Quarterly residents meetings took place with a family representatives and residents were given the opportunity to feedback on the centre in a residents survey. Residents also had access to newspapers, radio, television and internet services. While there was an activity schedule in place, the inspector observed lengthy periods of time where some residents were observed sitting in communal areas without other meaningful activation. Throughout the morning and afternoon, there was an over reliance on passive activities, such as, having Mass or music on the television.

The provider had an on-going maintenance programme. The inspector was informed that there was a plan to replace the carpets in the bedrooms and the curtains on the ground and lower ground floor. The schedule of works also included painting the outside of the centre and maintenance of the garden areas. The inspector was also informed of the plan to have a new lift installed in the centre to replace the current one. However, some of the premises issues from the previous inspection were still outstanding.

The inspector reviewed the arrangements at the centre to protect residents from the risk of fire. Some good practice was identified. There was a fire safety policy in place, which was last review in January 2024. All staff had up-to-date fire safety training completed and each resident had a personal emergency evacuation plan (PEEP) which had been recently been reviewed and updated. Fire fighting equipment was last serviced in May 2024. Daily, weekly, monthly and annual checks of various systems were in place. The fire alarm system and the emergency lighting were checked weekly. Before testing the fire alarm system, an announcement was made throughout the centre to inform residents. As part of the monthly checks, maintenance staff checked all doors within the centre. However, while checks were in place, the daily checks did not identify actions that were required, which were observed by the inspector on the day. The registered provider had identified that

upgrade works of fire doors, adjustment and repairs to fire doors, signage and seal repair were required. On a review of records, some of the issues with fire doors had been reported in March 2024. However, no upgrade works had commenced on the day of inspection. A fire safety risk assessment by a competent person was last carried out in October 2021. Monthly fire drills were taking place. However, fire drill records reviewed demonstrated slow evacuation times and the requirement for additional staff training.

### Regulation 12: Personal possessions

Linen and clothes were laundered daily and returned to the right resident. Residents retained control over their clothes. They had adequate storage space in their bedrooms, and new lockable storage was ordered to ensure this was available for all bedrooms so resident could store their personal possessions.

The registered provider was not a pension agent for any residents in the centre and did not store personal valuables, these were returned to resident's family for safe keeping.

Judgment: Compliant

### Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements. For example:

- On the previous inspection, a communal toilet on the lower ground floor had water damage on the walls and the ventilation in the toilet also required attention. The registered provider had made attempts to repair this. However, on the day of inspection staining remained where there had been a leak and the ventilation still required a review.
- The stained lino floors in the centre identified on the previous inspection, had not been replaced.
- Some decor in some areas, such as corridors and bedrooms, showed signs of wear and tear, with visible damage to walls, doors, and doorframes.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

The inspector reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharging hospital and that the residents records were updated to reflect the residents current condition.

Judgment: Compliant

### Regulation 26: Risk management

The centre had a risk management policy and procedure in place which met the criteria of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

### Regulation 28: Fire precautions

The following improvements were required to ensure the safety of residents, staff and visitors:

- A fire exit escape route on the top floor and the lower ground floor by the sluice room required maintenance. The paths were obstructed with overgrown brambles and long weeds growing up through the path. Furthermore, daily checks were completed on the means of escape routes. However, it was not reported that some of the fire exit routes were obstructed.
- Upgrade and repair works were required to fire doors. For example, a number of fire doors on each floor did not close fully when the fire alarm sounded, leaving a gap. The magnetic lock did not release on some other fire doors, so the doors did not close at all. A door was held open by a chair and other fire doors had broken or missing latches, so when the fire door closed the quarter door was still open. In addition, several fire doors which required repair were identified on the monthly checks in March 2024. However, these had not been repaired on the day of inspection.
- Fire drill records demonstrated slow evacuation times and additional training required for staff. One fire drill record reviewed, reported that it took 13 minutes to evacuate with a simulation of 10 resident with six staff in one compartment. The record reported that it took staff five minutes to locate the fire and another five minutes to begin the evacuation.
- Three new call points were required in the laundry room, main kitchen and boiler room. The fire detection and alarm system was serviced in February

2024, which had identified that the three new call points were required. It was recommended that these are installed as soon as possible. However, this had not been completed on the day of inspection.

- The lower ground floor courtyard where residents were smoking required accessible fire blankets.

Judgment: Not compliant

## Regulation 6: Health care

A general practitioner (GP) attends the centre twice a week, which the majority of residents attend. Other residents have kept their own GP, who attends as required. Residents have access to in-house physiotherapy for assessment and review as needed. Residents also have access via referral for occupational therapy, dietitian, tissue viability nursing, speech and language therapy. For residents who require input from psychiatry of old age and gerontology this is accessed through the community.

Judgment: Compliant

## Regulation 27: Infection control

While the interior of the centre was generally clean on the day of inspection, some areas for improvement were identified to ensure residents were protected from the risk of infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018):

- Clean linen was stored with dirty garden equipment alongside each other.
- Dirty clinical equipment was also stored alongside the clean linen.
- Communal bathrooms contained clinical equipment, for example, shower chairs, used by residents. The equipment was observed to be visibly dirty. However, staff were unclear if the equipment was clean or dirty. There was a cleaning log which recorded the equipment as cleaned each evening. However, there was no identifiable mechanism to determine if equipment is cleaned after each use. The centre requires a system to distinguish between clean and dirty equipment.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

The provision of activities observed for residents on the ground and first floor, on the days of inspection, did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. While some activities were taking place on the lower ground floor, the residents on the ground and first floor sat in the sitting room with television as the main source of stimulation. Some residents also told the inspector that there was not much to do.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Beechfield Manor Nursing Home OSV-0000013

Inspection ID: MON-0043867

Date of inspection: 21/08/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All emergency exit pathways have now been cleared of brambles and long weeds. This now forms part of the weekly check with maintenance to ensure external pathways are clear.</p> <p>An external audit was carried out on fire doors and fire stopping throughout the building. This took a number of weeks to complete, the procurement process was undertaken to identify a competent company to complete works. We are awaiting works to commence in the meantime this has been added to the homes risk register, all staff are aware and maintenance carry out weekly checks.</p> <p>A review of the schedule of activities has taken place by the DON/PIC and activities coordinator. A resident’s survey will be conducted, and the findings will be discussed at the next residents meeting for feedback and input, however residents are facilitated and empowered to exercise choice around daily activities and to have their choices and decisions respected.</p> <p>Planned works for replacement of the stained floor will take place within the home. External contractor booked to carry out repair works on lower ground floor communal toilet.</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

Planned works for replacement of the stained floor will take place within the home. External contractor booked to carry out repair works on lower ground floor communal toilet.

Schedule of works has been drawn up and rolled out for Maintenance team onsite for repairs to corridors, bedrooms, doors and door frames. This will be reviewed on a weekly basis by the DON/PIC and followed up by SMT at monthly operations meeting.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: All emergency exit pathways have now been cleared of brambles and long weeds. This now forms part of the weekly check with maintenance to ensure external pathways are clear. These issues were highlighted and brought to the attention of local management and maintenance at the operations meeting.

An external audit was carried out on fire doors and fire stopping throughout the building. This took a number of weeks to complete, the procurement process was undertaken to identify a competent company to complete the work. We are awaiting works to commence in the meantime this has been added to the homes risk register, all staff are aware, and maintenance carry out weekly checks.

Staff were retrained on fire drills; management were trained on how to manage and observe and document fire drills. Fire drills will be conducted fortnightly until further notice and these will be verified by the operations team. These fire drills will form part of the discussion at the homes monthly operations meeting and quarterly health and safety meetings.

All call points have now been installed in the required rooms.

Fire blankets have been installed in the lower ground floor courtyard.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

All garden equipment was removed on the day of inspection and is now appropriately stored outside in the Garden Shed.

Dirty clinical equipment was removed and cleaned and is no longer stored in clean linen store.

All equipment was removed and deep cleaned on the day of inspection from the communal bathrooms. A new cleaning system has been put in place to identify clean and dirty equipment. Weekly spot checks are carried out by CNM and DON. These are then reviewed and discussed at the monthly operations meeting with SMT.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review of the schedule of activities has taken place by the DON/PIC and activities coordinator. A resident's survey will be conducted, and the findings will be discussed at the next residents meeting for feedback and input, however residents are facilitated and empowered to exercise choice around daily activities and to have their choices and decisions respected.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/10/2024

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	28/02/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	28/02/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire	Substantially Compliant	Yellow	28/02/2025

	control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/02/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/10/2024